

SDMS Document



67985

CERTIFIED MAIL-
RETURN RECEIPT REQUESTED P545 546 723

Re: SCP Carlstadt Site, Administrative Orders
Index Nos. II-CERCLA-50114 and II-CERCLA-60102

This is to inform you the Emergency and Remedial Response Division of EPA Region II has reorganized. The Site Investigation and Compliance Branch has now been split into two branches: the New Jersey Compliance Branch, and the New York/Caribbean Compliance Branch. Accordingly, EPA communications relating to the SCP-Carlstadt site should be addressed to, and will come from, the Chief of the New Jersey Compliance Branch. I have been selected for this position, effective January 6, 1989.

If you have any questions concerning this matter, please contact Janet Feldstein of my staff at (212) 264-0613.

Raymond Basso, Chief
New Jersey Compliance Branch

bcc: James Schmidtberger, ERRD-NJCB
Jim Rooney, ORC-NJSUP
Rick Schwarz, ERRD-NJRAB

SYMBOL	
SURNAME	
DATE	

EPA Form 1:

CURRENCES				
				003956

OFFICIAL FILE COPY

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
†(Extra charge)† †(Extra charge)†

<p>3. Article Addressed to:</p> <p><i>H. Gilbert Weil</i> <i>Union Carbide Corp.</i> <i>P.O. Box 670</i> <i>Bond</i></p>	<p>4. Article Number</p> <p><i>P 545-546 723</i></p> <p>Type of Service:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail </div> <div> <input type="checkbox"/> Insured <input type="checkbox"/> COD </div> </div> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>Pat Moore</i></p>	
<p>7. Date of Delivery</p> <p><i>2-14-89</i></p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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